SMALL SYSTEM EXCELLENCE AWARD
NOMINATION FORM

Return To: Jill Duchniak – Member Services Coordinator
WIAWWA
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Brief Description:
Small water system that has demonstrated excellence in administration, operation, maintenance, and public service. Outstanding achievement winners are identified for each WDNR district, from which the state award winner is selected.

To be eligible, the Wisconsin water utility nominated must serve communities with populations less than 10,000 people.

Water Utility nominated:
__________________________________________________________________

Wisconsin County:
__________________________________________________________________

Utility Address:
__________________________________________________________________
__________________________________________________________________

Utility Phone Number:
__________________________________________________________________

Utility Contact Person:
__________________________________________________________________

The small Wisconsin water utility identified above should be recognized by WIAWWA for its outstanding achievements with regard to providing water utility service to its customers who reside in the noted Wisconsin community for the following reasons:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
WATER UTILITY EVALUATION CRITERIA

All small Wisconsin water utilities nominated will be evaluated and ranked based on the following water system attributes. To further our understanding of the achievement(s) of the nominated small water system, and based on your knowledge and/or experience with the nominated water utility, please rate the water utility using the response scale shown for the following system attributes. (Additional comments should be included which highlight any special programs and/or utility policies/procedures that merit recognition.)

WATER SYSTEM ATTRIBUTE

QUALITY OF WATER PRODUCED

☐ Excellent  ☐ Good  ☐ Fair  ☐ Poor  ☐ Don't Know

Additional comments:

____________________________________________________________________________
____________________________________________________________________________

COMPLIANCE WITH DRINKING WATER REGULATIONS

☐ Excellent  ☐ Good  ☐ Fair  ☐ Poor  ☐ Don't Know

Additional comments:

____________________________________________________________________________
____________________________________________________________________________

FACILITY COMPLIANCE WITH STATE CODE REQUIREMENTS

☐ Excellent  ☐ Good  ☐ Fair  ☐ Poor  ☐ Don't Know

Additional comments:

____________________________________________________________________________
____________________________________________________________________________

WATER SYSTEM FACILITY OPERATION AND MAINTENANCE

☐ Excellent  ☐ Good  ☐ Fair  ☐ Poor  ☐ Don't Know

Additional comments:

____________________________________________________________________________
____________________________________________________________________________
WATER ACCOUNTABILITY

☐ Excellent  ☐ Good  ☐ Fair  ☐ Poor  ☐ Don't Know

Additional comments:
________________________________________________________________________
________________________________________________________________________

ADMINISTRATIVE MANAGEMENT

☐ Excellent  ☐ Good  ☐ Fair  ☐ Poor  ☐ Don't Know

Additional comments:
________________________________________________________________________
________________________________________________________________________

FINANCIAL INTEGRITY

☐ Excellent  ☐ Good  ☐ Fair  ☐ Poor  ☐ Don’t Know

Additional comments:
________________________________________________________________________
________________________________________________________________________

CUSTOMER RELATIONS

☐ Excellent  ☐ Good  ☐ Fair  ☐ Poor  ☐ Don't Know

Additional comments:
________________________________________________________________________
________________________________________________________________________

Nomination Completed By: ____________________________ Date: ________________
Organization: ____________________________ Title: __________________
Address: ___________________________________________________________
City, State, Zip: _____________________________________________________
Phone: ____________________________ Email: ____________________________

Note: All nominations and supporting information will be held strictly confidential.